


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90021 045 ****61.25

DOCUMENT # N15009	
1. Entity Name THE NIMITZ & BYRD COURTS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1376 NIMITZ COURT P.O. BOX 560781 ROCKLEDGE, FL 32956-0781 US	Mailing Address PO BOX 560781 ROCKLEDGE, FL 32956-0781 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40047130



03102008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2986655		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOLDMAN, MITCHELL S 9600 WILLARD STREET SUITE 302 COCOA, FL 32922		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEARCE, JEFF 1389 BYRD CT ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONSTANCE HOGERTY 1379 NIMITZ CT ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOYLE, DEBBIE 1385 NIMITZ CT ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRESNICK, CATHY 1372 NIMITZ CT ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YVONNE MOSCICKI 1390 BYRD COURT ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSCICKI, YVONNE 1390 BYRD CT. ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY BROWN 1380 NIMITZ CT ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDANIEL, VICKI 1376 BYRD CT. ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLAS MESSINA 1379 BYRD COURT ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDANIEL, VICKI 1376 BYRD CT ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLAS MESSINA 1379 BYRD COURT ROCKLEDGE FL 32955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Constance Hogerty **CONSTANCE HOGERTY** 3/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40047130

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Document Number N15009

Business Entity Name THE NIMITZ & BYRD COURTS HOMEOWNERS ASSOCIATION, INC.

FEI Number 592986655

FEI Number Status

Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 1376 NIMITZ COURT

City, State ROCKLEDGE, FL

Zip Code & Country 329560781 US

Mailing Address

Address PO BOX 560781

City, State ROCKLEDGE, FL

Zip Code & Country 329560781 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) GOLDMAN, MITCHELL, S

Address 9600 WILLARD STREET

Suite, Apt. #, etc. SUITE 302

City, State COCOA, FL

Zip Code & Country 32922 US

Officer/Director Name And Address**Name And Address #1**

Title T

Name (Last, First, Middle, Title) CONSTANCE, HOGERTY

Street Address 1379 NIMITZ COURT

City, State ROCKLEDGE, FL

Zip Code & Country 32955

Name And Address #2

ATTACHMENT
40047130
#N/15009

Title VD
Name (Last, First, Middle, Title) DOYLE, DEBBIE
Street Address 1385 NIMIIZ CT
City, State ROCKLEDGE, FL
Zip Code & Country 32955

Name And Address #3

Title S
Name (Last, First, Middle, Title) YVONNE, MOSICKI
Street Address 1390 BYRD COURT
City, State ROCKLEDGE, FL
Zip Code & Country 32955

Name And Address #4

Title D
Name (Last, First, Middle, Title) RAY, BROWN
Street Address 1380 NIMITZ COURT.
City, State ROCKLEDGE, FL
Zip Code & Country 32955

Name And Address #5

Title PD
Name (Last, First, Middle, Title) NICOLAS, MESSINA
Street Address 1379 BYRD COURT
City, State ROCKLEDGE, FL
Zip Code & Country 32955

Title T
Officer/Director Signature CONSTANCE HOGERTY

Continue